

457 Deferred Compensation Plan Simplified Employee Change Form For Change in Amount of Deferral Only

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Full Name of Participant																					
Las	st								F	irst											
I authorize the city of Salina to defer \$ or% from my																					
pay each pay period.																					
 I am 49 years of age or younger this year (maximum deduction of \$17,500 in 2014). I am 50 years of age or older this year (maximum deduction of 																					
	\$23,000 in 2014). My date of birth is:/																				
	□ I am using the Normal/3 year Catch-up Provision (maximum deduction of \$35,000 in 2014)																				
Ch	ange	to b	e effo	ectiv	ve:			<u>/</u>	<u> </u> ·												
X																					_
Participant Signature										Date											

Please return this completed form directly to Human Resources